



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Receipt
P. J. Lester
06/07/02

In re Patent Application of:)
HUANG)
Serial No. 10/090,237)
Filing Date: March 4, 2002)
Confirmation No. 6580)
For: SYSTEM AND METHOD FOR)
REVIVING CATASTROPHIC CODES)

)

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MAY 07 2002

Technology Center 2600

REQUEST FOR CORRECTION TO THE FILING RECEIPT

Assistant Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
Washington, DC 20231

Sir:

The filing receipt for the subject patent application has been received and reviewed for accuracy. A discrepancy has been discovered. The filing receipt incorrectly lists the address of the Applicant, Dawei Huang. The correct address for Mr. Huang is:

Dawei Huang
Runcorn, Brisbane, Australia

In view of the error noted, it is respectfully requested that a corrected filing receipt be issued in this application. Since this error is believed to be the error of the Patent Office, such change should be made at no expense to Applicant.

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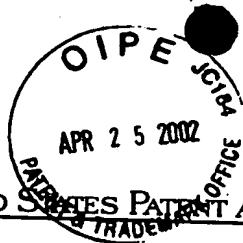
However, if any fee is believed to be necessary,
authorization is given to charge Deposit Account No. 01-0484.

Respectfully submitted,

RICHARD K. WARTHER
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407/841-2330
Attorney for Applicant

CERTIFICATE OF MAILING

I HEREBY CERTIFY that this REQUEST FOR CORRECTION TO
THE FILING RECEIPT for U.S. Serial No. 10/090,237 is being
deposited with the United States Postal Service as First Class
Mail in an envelope addressed to: ASSISTANT COMMISSIONER FOR
PATENTS, WASHINGTON, D.C. 20231, this 16th day of April,
2002.



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Page 1 of 2

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
10/090,237	03/04/2002	2661	794	HUANG 3 (58661)	7	23	3

CONFIRMATION NO. 6580

FILING RECEIPT



OC000000007832536

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Date Mailed: 04/09/2002

RICHARD K. WARTHER
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P.O. Box 3791
Orlando, FL 32802-3791

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Dawei Huang, Runcorn, Australia

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APR 15 2002

A.D.D.M.

Assignment For Published Patent Application

Lucent Technologies Inc., Murray Hill, NJ;

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted 04/09/2002

Projected Publication Date: 09/04/2003

Non-Publication Request: No

Early Publication Request: No

Title

System and method for reviving catastrophic codes

Preliminary Class



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Bib Data Sheet

CONFIRMATION NO. 6580

SERIAL NUMBER 10/090,237	FILING DATE 03/04/2002 RULE	CLASS 370	GROUP ART UNIT 2661	ATTORNEY DOCKET NO. HUANG 3 (58661)
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APPLICANTS

Dawei Huang, Runcorn, AUSTRALIA;

**** CONTINUING DATA *******

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/09/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY AUSTRALIA	SHEETS DRAWING 7	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

Acknowledged

Examiner's Signature _____ Initials _____

ADDRESS

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TITLE

System and method for reviving catastrophic codes

FILING FEE RECEIVED 794	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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